## **Quitclaim Deed**

THIS QUITCLAIM DEED, executed this 7 day of December, 2013 by first party, Grantor, Lola Mae Bardoczi whose post office address is 1470 Charlevoix Way, Schererville, IN 46375 to second party, Grantee, Maria Inez Munoz whose post office address is 4841 Birch St., Hammond, IN 46327

WITNESSETH, That the said first party, for good consideration and for the sum of ONE THOUSAND Dollars (\$1,000.00)

Paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, Interest and claim which the said first party has in and to the following described parter of land, and improvements and appurtenances thereto in the County of Lake

State of Indiana to wit:

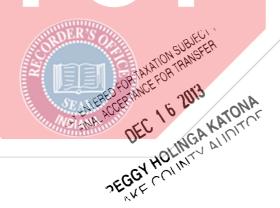
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FILED FOR RECORD

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Lot Nine (9), In Block Five (5), in Calumet Addition to East Chicago, being a subdivision in the Southeast Quarter of Section Twenty-Eight (28) and the Northeast Quarter of Section Thirty-three (33), Township 37 North, Range 9 West of the Second Principal Meridian, Lake County, Indiana as shown on the recorded Plat of said subdivision in the Recorder's Office of Lake County, Indiana, in Plat Book No. 8, Page 32.

Parcel # 45-03-28-405-017-000-024



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\$19 nonemb cash

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written, signed, sealed and delivered in presence of:
1/ - / 1 A
Signature of Witness: Kevin T Blissmer
Signature of Witness: Julienne Blissmer
Signature of First Party: <u>Lola Mae Bardozy</u> Print name of First Party: Lola Mae Bardoczi
Signature of Second Party: Music Mus
Signature of Preparer Julienne Blissmer Address of Preparer: 1468 Charlevoix Way, Schererville, IN 46375
State of Indiana County of Hamilton  Document is
On December
which the person(s) acted, executed the instrument. WITNESS my hand and official seal
Signature of Notary
Resident of Hamilton County  My commission expires January 06, 2019  Affiant Known Produced ID Type of ID IN Drivers License
PERJURY: ABLE CARE CONTROL BACH SOCIAL SECURITY NUMBER OF SOCIAL UNLESS REQUIRES UNLESS REQUIRES AND CONTROL BACH SOCIAL CONTR
PREPARED EV. M. I. W. SEAL SEAL PUBLIC
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